

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213543721				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: YOUNT, HYDE & BARBOUR, P.C.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: HOWARD L COLSON 50 SOUTH CAMERON STREET WINCHESTER, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WINCHESTER CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2013</p> <p>SCC ID NO: 02099943</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	100,000
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COMMON	100,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 50 SOUTH CAMERON STREET P O BOX 2560</p> <p style="text-align: center;">CITY/ST/ZIP: WINCHESTER, VA 22604</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ELAINE M CAIN TITLE: VICE PRESIDENT ADDRESS: 444 FAIR LANE CITY/ST/ZIP/CO: WINCHESTER, VA 22603 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ELAINE M CAIN TITLE: VICE PRESIDENT ADDRESS: 444 FAIR LANE CITY/ST/ZIP/CO: WINCHESTER, VA 22603	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME:	HOWARD L COLSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	132 WHITE OX LANE		
CITY/ST/ZIP/CO:	STRASBURG, VA 22657		
NAME:	GREGORY S CRAWFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1841 HANDLEY AVENUE		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601		
NAME:	ROBERT B DALE III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	21223 UNISON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURG, VA 20117		
NAME:	ALEXANDER D ECCARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12607 AMERSHIRE CT		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23059		
NAME:	JEFFREY L EVERLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	134 OMPS DRIVE		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601		
NAME:	OLIVIA HUTTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	233 NORTH SUMMIT AVENUE		
CITY/ST/ZIP/CO:	WOODSTOCK, VA 22664		
NAME:	JOSHUA KERR-HOBERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	420 MADDEN STREET		
CITY/ST/ZIP/CO:	BERRYVILLE, VA 22611		
NAME:	JASON LONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5055 RED FERN CT		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112		
NAME:	THOMAS L MILBURN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	118 ANNE GLASS ROAD		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22602		
NAME:	THOMAS W MOLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	17781 BROOKWOOD WAY		
CITY/ST/ZIP/CO:	PURCELLVILLE, VA 20132		
NAME:	CHRIS PEARSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	829 KINGSBROOK ROAD		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY M PLOTTS VICE PRESIDENT 419 W CLIFFORD STREET WINCHESTER, VA 22601	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES F SNYDER VICE PRESIDENT 609 STRIBLING COURT SW LEESBURG, VA 20175	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R STEVEN SPITZER VICE PRESIDENT P.O. BOX 1745 WINCHESTER, VA 22601	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R CURTIS THOMPSON VICE PRESIDENT 10220 BROOKMONT DRIVE RICHMOND, VA 23233	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ HOWARD LCOLSON		HOWARD LCOLSON,		9/19/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					